



APPLICATION FOR SANITATION CERTIFICATE

AUTHORITY: Chapter 381.0072, Florida Statutes

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a completed set of plans drawn to scale and required fee (do not send cash), to the Environmental Health (EH) office of the County Health Department. A new application is not required for annual renewal unless the information below change.

NAME OF FACILITY _____

LOCATION _____
Street City State ZIP Code

OWNER'S NAME _____ EMAIL ADDRESS _____

OWNER'S ADDRESS _____
Street City State ZIP Code

OWNER'S PHONE _____ BUSINESS PHONE _____

Table with 4 columns and 8 rows for 'Type of Food Service Subtypes'. Includes categories like Adult Day Care, Bar/Lounge, Detention Facility, Hospice, Movie Theater, Residential Treatment Facility (AHCA), Transitional Living Facility, Afterschool Meal, Civic/Fraternal Organization, Domestic Violence Shelter, Intermediate Care Facility, Prescribed Pediatric Extended Care Center (PPEC), School, Other, Assisted Living Facility, Crisis Stabilization Unit, Home for Special Services, Migrant Labor Camp, Recreational Camp, Short Term Residential Treatment (DCF).

Table with 4 columns and 8 rows for 'Food Service Operations'. Includes categories like Afterschool Meal, Bakery, Boarding School, Canteen, Caterer, College/University Cafeteria, Concession Stand, Culinary Education, Deli/Sandwich Shop, Main Operation, Mobile Food Unit, Non-Alcoholic Beverage, Restaurant, Retail Food Store, Satellite Kitchen, School (9 months or less), School (greater than 9 months), Temporary Event Sponsor, Temporary Event Vendor, Vending Machine (TCS/PHF), Other.

Comment/Special Instructions: _____

FOR EH USE ONLY: Annual Fee for Your Facility: \$ _____.

Please make check or money order payable to: Florida Department of Health in _____ County.

The undersigned owner/owner's representative hereby agrees to operate the food establishment described in this application in accordance with the requirements of Chapter 381.0072, Florida Statutes, and Chapter 64E-11, Florida Administrative Code,. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the sanitation certificate.

Signature (Facility Owner/Owner's Representative) Date

Signature (EH Official) Date